Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

Health and Recovery Services Administration (HRSA)

Mental Health Services for Children

Billing Instructions for:

- **Licensed Independent Clinical Social Workers or Advanced Social Workers**
- **Licensed Marriage and Family Therapists**
- **Licensed Mental Health Counselors**

ProviderOne Readiness Edition

[WAC 388-531-1400]

About This Publication

This publication supersedes all previous Department/HRSA *Mental Health Services for Children Program Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services. Services and/or equipment related to any of the programs listed below must be billed using their specific billing instructions:

- Physician-Related Services
- Psychologist

Note: The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

The effective date of this publication is: **05/09/2010**.

2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

Copyright Disclosure

Fee Schedule

You may view Department/HRSA Fee Schedules on-line at

http://hrsa.dshs.wa.gov/RBRVS/Index.html

Department/HRSA Billing Instructions and # Memos

To obtain Department/HRSA provider numbered memoranda and billing instructions, go to the Department/HRSA website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed.

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Important Contacts

Note: This section contains important contact information relevant to mental health services for children. For more contact information, see the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
How do I contact Provider Enrollment or Provider Relations?	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Prior authorization, limitation extensions, and exceptions to rule	
What form is available to submit my authorization request?	Submit your request for authorization on the Fax/Written Request Basic Information Form, DSHS 13-756. To **view and download** Department forms, visit the Department Forms and Records Management Service on the web: http://www1.dshs.wa.gov/msa/forms/eforms.html

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Authorization Requirement – A condition of coverage and reimbursement for specific services or equipment, when required by Washing Administrative Code (WAC) or billing instructions. See WAC 388-501-0165 for the authorization process.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Department - The state Department of Social and Health Services [the Department].

Healthy Options – One of the Department Medicaid managed care programs for low income people in the state of Washington. The Healthy Options program offers eligible families, children under 19, including children under the SCHIP program, and pregnant women a complete medical benefit package.

Maximum Allowable - The maximum dollar amount the Department will reimburse a provider for a specific service, supply, or piece of equipment.

Medical Identification card(s) – See *Services Card*.

Medically Necessary – See WAC 388-500-0005.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Provider - Any person or organization that has a signed contract or core provider agreement with the Department to provide services to eligible clients.

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

Psychologist – This is defined as a person with a doctoral degree in clinical psychology from an accredited college or university, or who has been licensed as a psychologist as defined in RCW 18.83. [See also WAC 388-875-0020]

Revised Code of Washington (RCW) - Washington State laws.

Services Card – A plastic "swipe" card that the Department issues to each client on a "one- time basis." Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client's name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Usual and customary fee - The rate that may be billed to the Department for a certain service or equipment. This rate may not exceed:

1) The usual and customary charge billed to the general public for the same services; or
2) If the general public is not served, the rate normally offered to other contractors for the same services.

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

About the Program

How Are Mental Health Services for Children Administered?

Children's mental health services are available through:

- Regional Support Networks (RSNs) which are under contract with the Department's Mental Health Division for individuals whose condition meets the RSN Access to Care Standards,
- Managed Care Organizations (MCOs) which are under contract with the Department's Division of Health Care Services' Healthy Options program for individuals whose condition does not meet the RSN Access to Care Standards and who are enrolled in and receiving care from an MCO, or
- Professionals with individual Core Provider Agreements who will accept payment on a Fee-For-Service (FFS) basis for individuals not enrolled with an MCO and whose condition does not meet the RSN access to care standards.

Client Eligibility

Who Is Eligible?

Due to legislation intended to improve access to mental health services for children who do not meet the Regional Support Network (RSN) Access to Care Standards, the Department of Social & Health Services (the Department) expanded mental health services for eligible clients 18 years of age and younger.

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html for an up-to-date listing of Benefit Service Packages.

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider Requirements

Who May Provide Mental Health Services for Children?

The following list of mental health professionals, as defined in **RCW 71.34.020** and licensed by the Department of Health (DOH), may provide and bill the Department fee-for-service for mental health services to children:

- **Psychiatrist -** Licensed Psychiatrist;
- **Psychologist -** Licensed Psychologist;
- **Psychiatric Nurse -** Licensed Advanced Registered Nurse Practitioner;
- **Social Worker -** Licensed Independent Clinical Social Worker or Advanced Social Worker;
- **Marriage and Family Therapist -** Licensed Marriage and Family Therapist; and
- **Mental Health Professionals -** Licensed Mental Health Counselor.

Note: Mental health professionals must meet the provider requirements listed in this section to qualify for reimbursement when providing services.

What Are the Requirements that Providers Must Meet as Mental Health Professionals?

To provide the services listed in Section E "Coverage," mental health professionals must:

- Be licensed by DOH and be in good standing without restriction.

- Have a minimum of two years experience in the diagnosis and treatment of children and youth, and their families – at least one of which is under the supervision of a mental health professional trained in child and family mental health.

Note: A licensed psychiatrist may provide services and bill the Department without meeting this minimum experience requirement.

How Do I Enroll to Provide Mental Health Services to Children?

To enroll you must:

- Obtain a National Provider Identifier (NPI) from the federal government;
- Complete a Core Provider Agreement (unless you already are an enrolled provider); and
- Write and sign a letter attesting to your experience in providing mental health services to children, youth, and their families as previously described (the letter does not need to be notarized).

Send all of these to the Department Provider Enrollment Unit (see *Important Contacts*).

Coverage

What Does the Department Cover?

The Department of Social & Health Services (the Department) covers outpatient psychotherapy through Healthy Options Managed Care ***or*** fee-for-service for:

- Clients 18 years of age and younger; and
- Up to a maximum of 20 hours per client, per calendar year.

This includes outpatient therapy services and family therapy visits that are medically necessary. Please refer to the Coverage Table in this section for a list of procedure codes the Department covers.

How many hours will the Department pay for?

The Department will pay providers one psychiatric procedure per day, up to a maximum of 20 hours, which includes the evaluation, per eligible client, per calendar year for the mental health services listed in these billing instructions. The maximum of 20 hours applies whether services are delivered by one provider or multiple providers.

> **Note:** It is the provider's responsibility not to provide services beyond the client's maximum benefit.

What Do I Do if the Client has Exhausted the Maximum Benefit?

- **Fee-For-Service**

  For any additional fee-for service outpatient mental health services needed for clients who have exhausted their 20-hour-per-calendar-year benefit, the provider must request and obtain a limitation extension from the Department following the requirements found in WAC 388-501-0169 including:

  - Justification of medical necessity;
  - Description of services provided and outcomes obtained in treatment to date; and
  - Expected outcome of extended services.

For the Department to authorize payment, complete the Fax/Written Basic Information Form, DSHS 13-756, including the above requested information, and fax it to the Department (see *Important Contacts*).

Note: For more information, including verification of the number of hours already paid by the Department for a client, contact Provider Relations (see *Important Contacts*).

- **Healthy Options Managed Care**

  For any additional Healthy Options Managed Care outpatient mental health services needed for clients who have exhausted their 20-hour-per-calendar-year benefit limit, the provider must request and obtain a limitation extension from the client's MCO, following the MCO-identified requirements and process.

What Services Are Covered Through the Department Healthy Options Managed Care Organizations?

The Managed Care Organizations (MCOs) ensure the provision of medically necessary healthcare services to individuals who are Medicaid and SCHIP eligible, enrolled in the Healthy Options program, and assigned to the MCO.

Healthcare services covered through the MCOs include a mental health benefit. These mental health services are available only to individuals who do not meet the RSN Access to Care standards.

To obtain more information about Healthy Options, visit the Department on line at:
http://fortress.wa.gov/dshs/maa/HealthyOptions/

What Services Do the Regional Support Networks (RSN) Cover?

RSN Crisis Services

Crisis mental health services are provided upon request, 24-hours a day, 7 days a week and are available to anyone who needs them regardless of ability to pay. All RSNs publish a toll-free crisis number in local telephone books.

To find telephone numbers for crisis intervention services, visit the Department on-line at:
http://www1.dshs.wa.gov/Mentalhealth/crisis.shtml

RSN Community Psychiatric Inpatient Services

RSNs authorize and pay for all medically necessary community psychiatric inpatient services (WAC 388-550-2600). To refer a client for community psychiatric inpatient services, contact your local RSN.

To find the appropriate RSN and contact information, visit the Department on-line at:
http://www1.dshs.wa.gov/Mentalhealth/rsnmap.shtml

RSN Access to Care Standards (ACS)

In addition to providing crisis intervention services and community inpatient services, the RSNs also manage the public mental health services that are delivered by Mental Health Division (MHD)-licensed and RSN-contracted community mental health agencies to individuals who are Medicaid or SCHIP eligible who also meet the Access to Care Standards (ACS). As resources allow, some medically necessary services may be provided to indigent clients who meet the ACS; however, this is determined at the local level. The ACS are established by the Department and are approved by the federal Centers for Medicare and Medicaid Services (CMS).

> **Note:** If you are treating or evaluating a child or youth who appears to meet the ACS, contact the local RSN to make a referral for an intake evaluation.

To meet the ACS for children and youth, the following five conditions **must** be true:

1. The child or youth is determined to have a mental illness that is listed as a covered diagnosis found in the ACS under "Covered Childhood Disorders."

2. The impaired level of functioning and corresponding need(s) identified must be as a result of mental illness.

3. The intervention is deemed reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.

4. The child or youth is expected to benefit from the intervention.

5. The unmet need(s) of the child or youth cannot be appropriately met by any other formal or informal system or support.

To learn more about the ACS, visit the Department on-line at:
http://www1.dshs.wa.gov/Mentalhealth/publications.shtml

Coverage Table

Licensed mental health professionals who are approved to provide mental health services for children may bill one psychiatric service per day, up to a maximum of 20 hours, which includes the evaluation, per client, per calendar year for clients 18 years of age and younger using the following procedure codes:

CPT Procedure Code	ICD-9 CM Diagnosis Code	Limitations
90801*	Must be billed with the following diagnosis codes: 290.0 - 319	One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year.
90802*		One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year.
90804		
90806		
90808		
90810		
90812		
90814		
90847		
90853		
90857		

Note: When a client is seen for a psychiatric service as listed above, and medication management is necessary, a psychiatric ARNP or a physician may bill medication management (CPT code 90862) on the same day.

***** The Department pays for only one psychiatric diagnostic interview exam (90801 or 90802) per client, per provider, per calendar year. This exam is included in the 20–hour-per-calendar-year maximum unless a significant change in the client's circumstances requires an additional exam and the provider obtains prior authorization for the additional exam.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.